



COMMONWEALTH of VIRGINIA

DEPARTMENT OF SOCIAL SERVICES

September 26, 2005

TEMPORARY ASSISTANCE FOR NEEDY FAMILIES (TANF) PROGRAM

TANF Transmittal #30

This transmittal contains changes and clarifications to the Temporary Assistance for Needy Families (TANF) Program. The Federal Poverty Levels (FPL) and the Standard Deduction have been updated. Also included in this transmittal are clarifications to existing policy.

- Intentional Program Violations
- Mental Incapacity
- Standard Deduction
- 130% of the Federal Poverty Level
- Direct Deposit
- Federal Poverty Level
- Transitional Supportive Services

The changes in this transmittal are effective October 1, 2005.

The transmittal changes and guidance for updating the policy manual are listed below. The TANF policy manual and this transmittal are available on the Intranet at <http://www.localagency.dss.state.va.us/divisions/bp/tanf/manual.cgi> and on the Internet at http://www.dss.virginia.gov/benefit/tanf_manual.html.

- A. **Intentional Program Violation (IPV)** – The definition of “VIEW Improper Payment” has been updated in Sections 503.1 and 503.7 to clarify that a VIEW improper payment will only exist as a result of an IPV. A VIEW claim must be established only as a result of an IPV or if ordered by a court.
- B. **Mental Incapacity** – Local departments of social services are no longer required to send a copy of medical evidence and the “Substantiation of Mental Incapacity” form to either the TANF Consultant or to the Economic Assistance and Employment Unit at the Home Office.

The following paragraph has been deleted from Section 201.10, page 2a:

“A copy of the medical evidence and “Substantiation of Mental Incapacity” form must be forwarded to the Regional AFDC Specialist and the Economic Assistance Unit, Division of Benefit Programs in Central Office.”

The “Substantiation of Mental Incapacity” form can be accessed from the VDSS Intranet under TANF Forms – Eligibility or by clicking this link:

<http://www.localagency.dss.state.va.us/divisions/bp/tanf/forms/eligibility.cgi> .

- C. **Standard Deduction** – The standard deduction used when screening income has been updated in line with the amounts provided by the Food and Nutrition Service of the United States Department of Agriculture.

The standard deduction will increase for assistance units comprised of 5 or more people. The new amounts are located at Section 305.1, page 2.

- D. **130% of the Federal Poverty Level** – The income limits at Section 305.1, page 9 have been updated to incorporate the new amounts based on the 2005 Health and Human Services (HHS) Poverty Guidelines. The “Notice of Intentional Program Violations and Penalties” (032-03-646/3) has been updated with the new amounts.

- E. **Direct Deposit** – In Chapter 500, Appendix I, pages 10 and 12 have been updated regarding the use of routing numbers. When entering a direct deposit into ADAPT, use the routing number on the check or supplied by the bank on the enrollment form completed by a bank representative.

When a direct deposit does not post to the client’s account the Action Due List will show ‘CD1’. The worker must take action to issue a check to the client. The following month’s benefits will be generated by ADAPT and mailed to the client.

- F. **Federal Poverty Levels** – Chapter 900, Appendices 2 and 3 have been updated to incorporate the 2005 poverty guidelines.

- G. **Transitional Supportive Services** – In Chapter 1000, page 66, Medicaid was deleted as a transitional service.

The pages of this transmittal are to be incorporated in the TANF Manual as follow:

Section 201.10, page 2a, dated 10/05 (1 sheet), to replace Section 201.10, page 2a, dated 1/03 (1 sheet).

Section 305.1, pages 2 and 9, dated 10/05 (2 sheets), to replace Section 305.1, pages 2 and 9, dated 10/04 (2 sheets).

Section 503.1 - 503.2, page 1, dated 10/05 (1 sheet) to replace Chapter 500, Section 503.1 - 503.2, page 1, dated 4/03 (1 sheet).

Section 503.7, page 2c dated 10/05 (1 sheet) to replace Sections 503.7, page 2c dated 12/03 (1 sheet).

Section 503.8, page 2d, dated 10/05 (1 sheet) to replace Section 503.8, page 2d dated 4/03 (1 sheet).

Section 500, Appendix I, pages 10 and 12, dated 10/05 (2 sheets) to replace Chapter 500, Appendix I, pages 10 and 12, dated 4/05 (2 sheets).

Section 900, Appendix 2, pages 1 – 6, dated 10/05 (6 sheets), to replace Chapter 900, Appendix 2, pages 1 – 7, dated 7/04, 7/04, 7/04, 10/04, 7/04, 7/04, and 5/02, respectively (7 sheets).

Section 900, Appendix 3, page 1, dated 10/05 (1 sheet), to replace Chapter 900, Appendix 3, page 1, dated 4/04 (1 sheet).

Chapter 1000, page 66, dated 10/05 (1 sheet) to replace Chapter 1000, page 66, dated 7/03 (1 sheet).

Index, page 8, dated 10/05 (1 sheet) to replace Index, page 8 dated 07/04 (1 sheet).



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Attachment

of the case. He must also be advised that knowingly providing false information can constitute a criminal violation.

- 2) Mental Incapacity - The applicant/recipient claims that she cannot provide identifying information due to a mental incapacity. The applicant/recipient must provide competent medical evidence that she suffers from a mental incapacity and as a direct result of that incapacity is unable to provide the required identifying information about the father. The local agency must assist the applicant/recipient in obtaining the medical evidence, if requested.

The local agency must evaluate the medical evidence submitted in order to determine whether the evidence clearly shows that the applicant/recipient:

- (a) suffers from a mental incapacity and
- (b) is unable to provide the required identifying information as a direct result of that incapacity.

A "Substantiation of Mental Incapacity" form must be completed to document the agency's finding. Review and approval by the supervisor is also required. Pending a determination, cooperation is deemed to exist.

The "Substantiation of Mental Incapacity" form can be accessed from the VDSS Intranet, under TANF Eligibility Forms or by clicking this link:

<http://www.localagency.dss.state.va.us/divisions/bp/tanf/forms/eligibility.cgi>.

Substance abuse, intoxication, or other conditions of the applicant/recipient's own making do not constitute mental incapacity under this exception.

- 3) Undocumented Rape* - If the applicant/recipient alleges that the child was conceived as a result of rape but good cause cannot be established due to lack of acceptable evidence as required under good cause per Section 201.10 D, the local agency must determine whether the applicant/recipient is cooperating.

In making this determination, the local department must obtain a sworn statement from the applicant/recipient. In addition, the local department should consider all of the information available to it and to the applicant/recipient as to whether the child was conceived as a result of rape, and in most instances should require evidence in addition to the sworn statement of the applicant/recipient, which may include the following:

- a) records from social workers, counselors, or rape crisis centers;

* Code of Virginia, Section 63.2-602.B.3

- b. the earned income of an individual which is funded by the Workforce Investment Act of 1998 (WIA);
- c. for TANF-UP, unemployment compensation benefits;
- d. lump sum payments per 305.4.C;
- e. the earned income of a child that is a full or part-time student.

If the income of the assistance unit exceeds 185%, the case is ineligible for a payment.*

2. Screening at the Standard of Assistance

The following procedures are applicable to the standard of assistance screening:

a. Applications, Including Persons Being Added to An Existing Assistance Unit

Once the total gross countable income of the assistance unit is determined to be less than or equal to 185% of need, income must then be screened at the standard of assistance allowing earned income disregards where applicable.

b. All AUs will be allowed the following deductions from earned income:

- (1) The standard deduction**, the same amount used in the standard deduction for the Food Stamp program, and 20% of the remainder is deducted from the gross earnings.***
(Refer to Appendix 3 to Section 305, Step 2 and Section 305.3.B.7.)

Assistance Unit	Standard Deduction
1-4 members	\$134
5 members	\$157
6 or more members	\$179

c. Ongoing Cases

Once the total gross countable income of the assistance unit is determined to be less than or equal to 185% of need, income must then be screened at the standard of assistance allowing earned income disregards where applicable.

d. The following income is disregarded when income is screened at at the standard of assistance:

- 1) all income specifically disregarded in 305.4.A;

* 45 CFR 233.20(a)(3)(xiii)
 ** 22 VAC 40-295-60
 *** 22 VAC 40-295-60

At each renewal, all income of the assistance unit must be verified, regardless of whether a change has been reported. If a change is identified, a prospective determination must be conducted in accordance with Section 305.1.A. to establish ongoing eligibility.

When a change in income occurs between renewals, a prospective determination must be conducted to establish ongoing eligibility.

When attempts to verify countable income prove to be unsuccessful because the person or organization that is to provide the verification fails to cooperate with the assistance unit and the local agency, and there are no alternate sources of verification available, the Eligibility Worker shall determine an amount to be used for TANF purposes based on the best available information. The case record must be documented to reflect the method used to arrive at the anticipated income.

In the above situation, the following verification will be considered the best available information:

1. a third party statement,
2. a collateral contact, or
3. as a last resort, the applicant's/recipient's written statement of the amount of income anticipated to be received in the payment month.

D. Handling Changes in Income (Earned and Unearned)

1. The assistance unit must report increases in income that place the assistance unit's monthly income above 130 percent of the federal poverty level based on assistance unit size.

The income limits are as follows:

<u>Income Limits</u>				
Household Size	Monthly Amount	Weekly Amount	Bi-Weekly Amount	Semi-Monthly Amount
1	\$1,037	\$241.16	\$ 482.32	\$ 518.50
2	1,390	323.25	646.51	695.00
3	1,744	405.58	811.16	872.00
4	2,097	487.67	975.34	1,048.50
5	2,450	569.76	1,139.53	1,225.00
6	2,803	651.86	1,303.72	1,401.50
7	3,156	733.95	1,467.90	1,578.00
8	3,509	816.04	1,632.09	1,754.50
Each Additional Person	\$354	\$82.32	\$164.65	\$177

503.1 DEFINITION OF IMPROPER PAYMENT - A TANF payment made by a local department is improper when the payment is incorrect because: (1) the assistance unit does not meet eligibility requirements in the category (payment to an ineligible case); or (2) payment is in an amount greater than the amount to which the assistance unit is entitled under established policy (overpayment); or (3) payment is in an amount less than the amount to which the assistance unit is entitled under established policy (underpayment); or (4) **a VIEW participant is found to have committed an IPV for receiving a payment or purchase on his behalf which is in an amount greater than what he is eligible for or for which he is ineligible.***

Improper payments may occur as a result of overdue reviews or other agency errors or because of erroneous or incomplete information supplied by the client. Improper payments may be revealed by several sources, not necessarily limited to the following: Local Agency Reviews, Quality Control Reviews, Federal Program Reviews, Fair Hearings, or earnings reports furnished by the Virginia Employment Commission.

503.2 STATUTORY PROVISIONS FOR REFUND OF OVERPAYMENTS AND PAYMENTS TO INELIGIBLES - In the operation of any program of public assistance in any locality, for which program appropriations are made to the Department of Social Services, it is provided that if a payment or overpayment is made to an individual who is ineligible therefore under federal and/or State statutes and regulations, the amount of such payment or overpayment shall be returned to the Department of Social Services by the locality. However, no such repayments may be required of the locality if the Department determines that such overpayment or payments to ineligible resulted from the promulgation of vague or conflicting regulations by the Department's Central or Regional Offices or from the failure of either of the offices to make timely distribution to the localities of the statutes, rules, regulations, and policy decisions causing the overpayment or payments to ineligible to be made by the locality. Further, no such repayment will be required from situations where a locality exercised due diligence, yet received incomplete or incorrect information which caused the overpayment or payment to ineligible(s). If a locality fails to effect the return, the Department of Social Services shall withhold an equal amount from the next disbursement made by the Department to the locality.**

The criteria used for determining if a locality exercised due diligence are as follows:

- A. A redetermination was not outstanding (overdue) in the case in question unless:
 - 1. The agency has received permission from the State to suspend reviews, or
 - 2. It can be shown that the error was the result of the client willfully withholding information which would not have been discovered by verifications required at the time of the review, or
 - 3. The error had not occurred at the time of the scheduled review.

* 2002 Acts of Assembly, Item 362

** Acts of Assembly, Appropriations, Budget Bill

Example: In June the worker discovers that an eligible child left the home on August 5 of the previous year. The child should have been reported no later than September 10. Overpayments must be calculated beginning with the October payment. The overpayment amount is the difference between the grant received each month and the correct grant for the actual number of eligible members living in the household.

- G. Overpayments Resulting from Incorrect Composition of the Assistance Unit
When it is discovered that an individual required to be in the assistance unit is living in the home, it must be determined if an overpayment occurred. This determination is to be made as follows:

1. Redetermine eligibility for each month beginning with the month following the month the individual entered the home or was required to be in the assistance unit, including the individual's needs, and actual income. Any resulting overpayments must be recouped/recovered.
2. If during the period in which the individual was required to be in the unit he had no income or his needs exceeded his income, an underpayment has occurred only for the months in which all categorical requirements were met and the conditions of eligibility are retroactively deemed to be met per Section 401.2.B.2.c. (See Section 503.9.)

- H. Total support collected by DCSE, as identified on the Notification Report, must be deducted from TANF overpayments.

Example: A \$354 TANF payment was made for the month of April which included a \$100 Match Payment. The amount subject to recoupment is \$254, minus total support collected by DCSE in April (the month the overpayment occurred), which was \$75; therefore, the April overpayment is \$179.

- I. In localities meeting the standard of need, only the standard of assistance State/federal share of the TANF overpayment is to be reported to Financial Management. Each locality is then responsible for recovery of the local share of the overpayment directly from the client.
- J. Calculating a VIEW Overpayment - A VIEW overpayment occurs when a VIEW participant **is found to have committed an IPV for receiving** a payment or purchase on his behalf which is an amount greater than what he is eligible for or for which he is ineligible.

The worker must determine if the participant is still eligible for services and determine the correct cost of the services that the participant would continue to receive. **The case record must be documented with information to support the establishment of the claim or the reason for not establishing the claim.**

Example: The agency gives the client a \$50 voucher for work clothing. The client changes the amount to \$500 and the vendor honors the voucher. There is an overpayment of \$450.

Determination of When the Overpayment Began - The agency is to determine when the overpayment began and secure all verifications necessary to calculate the overpayment. The worker is to use the best available evidence including, but not limited to:

1. past and existing vouchers from vendors that were paid in the period that the overpayment occurred,
2. the history of payments for supportive or transitional services that were paid for by the local agency in the period that the overpayment occurred and,
3. the amount calculated starting 10 days from when the client had knowledge of the information.

When calculating the overpayment amount the worker is not to include any amounts that the individual paid toward services that were provided in the period the VIEW overpayment occurred.

Note: The client is to repay the calculated amount unless the court orders differently.

503.8 RECOUPMENT AND RECOVERY OF OVERPAYMENTS - State Board policy, adopted in accordance with federal regulations,* requires the local department to promptly recoup or recover any overpayments including overpayments resulting from assistance paid pending hearing decisions. Repayment by either a former or current recipient of the overpayment can occur through recoupment or recovery or both. The agency should discuss voluntary repayment with the client prior to initiating a recoupment.

A. Recoupment consists of withholding all or part of the assistance payment. An overpayment made to a current recipient must be recouped by reducing the amount of any future assistance payable to any assistance unit of which the individual is a member.

1. In situations where the client has no cash reserve or countable income (payment equals the Standard of Assistance for the AU), 10% of the assistance payment may be recouped until the overpayment has been repaid.

Example: Grant of \$320.00. Recoup 10%. New grant \$288.00.

* 45 CFR 233.20(a)(13)(i)

J. How to request a copy of a cashed check

Responsible
Party

Action

LDSS

- The LDSS sends a written request for a copy of a cashed check to the FPU. The letter must include the payee name and address, case number, warrant number, date of check and amount or send a printed copy of the payment history.
- Note on the request if a certified copy is needed for court and include the court date.

FPU

- Upon receipt of the request, the FPU will send a copy of the check to the LDSS.

K. How to Process a Direct Deposit Request

Responsible
Party

Action

Client

- The client must provide a completed and signed Direct Deposit Enrollment Authorization Form (#032-03-672) and a voided check.
- The client is to complete Section 1 of the form. Section 2 must be completed by the bank if the client does not have a voided check.

Eligibility
Worker

- The case must be in the Ongoing mode. The case name must be on the bank account. The bank account can be a checking or savings account.
- From the ADAPT Main Menu the Eligibility Worker will select Option 4, Case Utilities Menu (CUMENU). Transmit.
- Select Option 12, TANF Direct Deposit Information. Enter the ADAPT case number. Enter "U" (Update) in Access. Transmit.
- On the Case Utilities Direct Deposit (CUDDEP) screen, enter the Institution Name. The account name is pre-filled with the case name. Enter the Account Type, "c" (checking) or "s" (savings).
- Enter the Bank Routing number, which is found at the bottom left side of the voided check, or Section 2 of the Direct Deposit Enrollment Authorization form (032-03-672). Enter "vr" beside "V" for Verification.

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must take action to mail a check to all clients listed. To access the Local Agency Action Due Inquiry List, select option 8 from the ADAPT Main Menu. Transmit. Select option 8 Check Handling Action Due List. Transmit. **Note: When a direct deposit becomes CD1, the next month's benefit check will be issued to the client through the ADAPT system.**

The EW is to mail the client the Direct Deposit Closed Account/Incorrect Information letter (032-03-674). This letter is sent to the agency printer by ADAPT. The EW is to check the appropriate box on the letter for the reason the direct deposit did not post. The reason is located on the Direct Deposit Utilities (CUDDEP) screen and the PA Specific Payment History (CHSPHS) screen. The letter notifies the client that the direct deposit did not post to the client's account and for the client to contact the local agency. A copy of the letter is to be put into the client's file.

- The EW **may** issue the client a state check **or** local **check**. Select Option 9, TANF Benefit Adjustment from the ADAPT Main Menu. On the TANF Benefit Adjustment screen enter "u" in Access, enter 11 in Option, enter pay ID # and the month for which the check is requested. Transmit. Enter the appropriate information to issue the state **or** local check.

Note: Whenever the client changes the routing number or bank account number CUDDEP will be put into Pending. A new pre-note file will go to the client's bank. Allow seven days to verify the information. A new pre-note letter is sent to the client and a copy is put in the client's file.

M. How to cancel a direct deposit

Responsible
Party

Action

Eligibility
Worker

- Upon receiving a request in writing or the Direct Deposit Cancel Request form (032-03-675) completed by the client, the worker will access the ADAPT Main Menu. Select Option 4, CUMENU. Transmit. On CUMENU select Option 12, TANF Direct Deposit. On CUDDEP, press F5. A box will come up to ask you to confirm. Enter "Y" for yes. Transmit. (Note: If you enter "N" for no, no action will be done to the case.) The request to cancel the direct deposit must include the client's name, address, social security number, signature and date. The form is available at <http://localagency.dss.state.va.us/divisions/bp/tanf/forms.cgi>.
- Send the client the Direct Deposit Cancel Verification Letter (032-03-676). The letter is available at <http://localagency.dss.state.va.us/Divisions/bp/tanf/forms.cgi>.

VIEW GRANT CALCULATION

Example 1 - Earnings

Assistance unit of 2 in a Group II locality. Mom receives a TANF Match Payment of \$135 and earns \$450 gross monthly. The monthly Federal Poverty Level for an assistance unit of 2 is **\$1,070**.

Step (1) - Screening at Federal Poverty Level

\$ 450.00 Gross Monthly Earnings <
\$1,070.00 Monthly Federal Poverty Level for 2

Step (2) - Unearned Income

\$254.00 Standard of Assistance for 2
- 0 Unearned Income
 \$254.00 TANF Deficit

The TANF Match Payment does not impact the TANF deficit.

Step (3) - Earned Income Disregards

\$450.00 Gross Monthly Earnings
-134.00 Standard Deduction
 \$316.00 x 20% = 63.20
- 63.20
 \$252.80 Net Earned Income

Step (5) - Add Net Earned Income and TANF Deficit

\$253.00 Net Earned Income
+254.00 TANF Deficit
 \$506.80 < Federal Poverty Level

 \$254.00 = VIEW Payment (TANF Grant)

Example 2 - Earned and Unearned Income

Assistance unit of 2 in a Group II locality. Mom earns \$300 gross monthly and the assistance unit also received \$120 unearned income monthly.

Step (1) - Screening at Federal Poverty Level

\$ 300.00 Gross Monthly Earnings <
\$1,070.00 Month Federal Poverty Level for 2

Step (2) - Unearned Income

\$254.00 Standard of Assistance for 2
-120.00 Unearned Income
 \$134.00 TANF Deficit

Step (3) - Earned Income Disregards

\$300.00 Gross Monthly Earnings
-134.00 Standard Deduction
 \$166.00 x 20% = 33.20
- 33.20
 \$132.80 Net Earned Income

Step (4) - Add Net Earned Income and TANF Deficit

\$132.80 Net Earned Income
+134.00 TANF Deficit
 \$266.80 < Federal Poverty Level

\$134.00 = VIEW Payment (TANF Grant)

Example 3 - Earnings Result in Ineligibility

Assistance unit of 2 in a Group III locality. Mom earns **\$1090** monthly gross income. The monthly Federal Poverty Level for an assistance unit of 2 is **\$1,070**.

Step (1) - Screening at Federal Poverty Level

\$1,090.00 Gross Monthly Earnings >
\$1,070.00 Monthly Federal Poverty Level for 2

Ineligible.

Example 4 - Deficit must be reduced in order not to exceed the
Federal Poverty Level when added to net earned income

Assistance unit of 2 in a Group III locality. Mom earns **\$1067.00** gross monthly. The monthly Federal Poverty Level for an assistance unit of 2 is **\$1,070**.

Step (1) - Screening at Federal Poverty Level

\$1,067.00 Gross Monthly Earnings <
\$1,070.00 Monthly Federal Poverty Level for 2

Step (2) - Unearned Income

\$323.00 Standard of Assistance for 2
- 0 Unearned Income
 \$323.00 TANF Deficit

Step (3) - Earned Income Disregards

\$1067.00	Gross Monthly Earnings
- 134.00	Standard Deduction
\$ 933.00	x 20% =186.60
- 186.60	
\$ 746.40	Net Earned Income

Step (4) - Add Earned Income and TANF Deficit

\$ 746.40	Net Earned Income
+ 323.00	TANF Deficit
\$1069.40	> Federal Poverty Level

Reduce TANF Deficit:

\$1070.00	Federal Poverty Level
-746.40	Net Earned Income
\$ 323.60	VIEW Deficit

\$323.00 = VIEW Payment

Example 5 - Maximum Reimbursable

Assistance unit of 6 in a Group I locality. Mom earns \$450 gross monthly income. The monthly Federal Poverty Level for an assistance unit of 6 is **\$2,156.00**.

- Step (1) - Screening at Federal Poverty Level
- \$ 450.00 Gross Monthly Earnings <
\$2,156.00 Monthly Federal Poverty Level for 6
- Step (2) - Unearned Income
- \$470.00 Standard of Assistance for 6
- 0 Unearned Income
\$470.00 TANF Deficit
- \$443.00 Maximum Reimbursable Amount
- Step (3) - Earned Income Disregards
- \$450.00 Gross Monthly Earnings
-179.00 Standard Work Deduction
\$271.00 x 20% = **54.20**
- 54.20
\$216.80 Net Earned Income
- Step (4) - Add Net Earned Income and TANF Deficit
- \$216.80** Net Earned Income
+443.00 Maximum Reimbursable TANF Deficit
\$659.80 < Federal Poverty Level
- \$443.00 = VIEW Payment (TANF Grant)

Example 6 - Earned Income Case with Immunization
Penalty

Assistance unit of 2 in a Group III locality. Mom earns \$960 gross monthly income. One member of the AU receives \$60 SSA monthly. The monthly Federal Poverty Level for an assistance unit of 2 is **\$1070**. There is a \$50 immunization penalty.

- Step (1) - Screening at Federal Poverty Level
- \$ 960.00 Gross Monthly Earnings <
\$1070.00 Monthly Federal Poverty Level for 2

Step (2) - Unearned Income

\$323.00 Standard of Assistance for 2
- 60.00 Unearned Income
\$263.00 TANF Deficit

Step (3) - Earned Income Disregards

\$960.00 Gross Monthly Earnings
-134.00 Standard Deduction
\$826.00 x 20% =165.20

Step (4) - Deduct 20% from \$826.00

\$826.00
-165.20
\$660.80 Net Earned Income

Step (5) Add Net Earned Income and TANF Deficit

\$660.80 Net Earned Income
+263.00 TANF Deficit
\$923.80 < Federal Poverty Level

Reduce TANF Deficit:

\$1070.00 Federal Poverty Level
- 923.80 Net Earned Income + TANF Deficit
\$ 146.20 VIEW Payment (TANF Grant)

Step (6) - Apply Immunization Penalty

\$146.20 VIEW Payment
- 50.00 Immunization Penalty
\$ 96.20 Net VIEW Deficit

\$ 96.00 = VIEW Payment (TANF Grant)

Example 6 - TANF-UP Household

Assistance unit of 4 in a group II locality. Dad earns \$1500 gross income. One-hundred fifty percent of the monthly federal poverty level for an assistance unit of 4 is **\$2,419.**

Step (1) Screening at 150% of the Federal Poverty Level
\$1500.00 Gross Monthly Earnings <
\$2419.00 150% of the Federal Poverty Level

Step (2) Unearned Income
\$ 382.00 Standard of Assistance for 4
\$ 0.00 Unearned Income
\$ 382.00 TANF Deficit

Step (3) Earned Income Disregards
\$1500.00 Gross Monthly Earnings
- 134.00 Standard Deduction
\$1366.00 x 20% = \$273.20
-273.20
\$1092.80 Net Earned Income

Step (4) Add Net Earned and TANF Deficit
\$1092.80
+ 382.00
\$1474.80 < 150% of the Federal Poverty Level

\$ 382 = VIEW Payment (TANF Grant)

2005 FEDERAL POVERTY LEVELSize of Family Unit
GuidelineMonthly Poverty

1.....	\$ 798.00
2.....	\$1,070.00
3.....	\$1,341.00
4.....	\$1,613.00
5.....	\$1,885.00
6.....	\$2,156.00
7.....	\$2,428.00
8.....	\$2,700.00

For each additional person add **\$272**150% of the Federal Poverty Level
(for TANF-UP Families)Size of Family Unit150% of the Federal Poverty Level

1.....	\$1,197.00
2.....	\$1,605.00
3.....	\$2,011.00
4.....	\$2,419.00
5.....	\$2,827.00
6.....	\$3,234.00
7.....	\$3,642.00
8.....	\$4,050.00

For each additional person add **\$408**

- b. For failure or refusal to complete and/or return forms or other information to the agency by a required date - returning and/or completing the required form or other information.
 - c. For failure or refusal to begin, to continue in or participate in an assigned activity - beginning, continuing in or participating in an activity for up to two weeks to show a good faith effort to comply.
 - d. For failure or refusal to complete an assignment (example: job search) - completing an assignment.
 - e. For failure or refusal to obtain or accept employment – if the client obtains employment during the sanction, the employment must be maintained through the end of the sanction period.
 - f. If the assignment from which a participant has been sanctioned is no longer available or appropriate, compliance may consist of participating in or completing a different activity.
- A. Once the participant has performed a verifiable act of compliance, the sanction is lifted retroactive to the date the participant agreed to comply and subsequently did comply as agreed upon by the participant and the worker. The Activity and Service Plan should reflect the activity and the date by which the activity is to be completed. This date cannot be prior to the end of the fixed sanction period.

14. TRANSFERS

- A. The ESW will transfer within five working days from the date of notification, the entire VIEW record of TANF or TANF-UP participant who moves from one locality to another.
- B. All attempts should be made to transfer the benefits and the VIEW records together.
- C. All service supplements should be updated and closed prior to case transfer.
- D. When a VIEW case with no earned income and not in sanction transfers to another agency, the VIEW clock and the 60-month clock stop until such time as the VIEW worker does an assessment and the clocks re-starts the first of the following month. The receiving agency is responsible for adjusting the clocks.
- E. When a case with earnings or one which is in sanction transfers to another agency, the clock continues.

15. TRANSITIONAL SUPPORTIVE SERVICES

Transitional services are designed to facilitate stability of a former VIEW participant once he leaves TANF, either because he has reached the end of the two-year time period, or when his TANF case closes for other reasons. Workers are to **explain to** clients how receiving transitional services will affect their period of ineligibility. Transitional services available are transportation, child care, and employment and training.* Eligibility for transitional services starts the first day of the month after TANF case closure and continues through the last day of the 12th month after TANF case closure. In the event the TANF case is closed and the six months job follow-ups have not been completed and the client is receiving assistance with transportation, the services will be transitional transportation. After the required six job follow-ups have been completed, the VIEW record must be closed. Former VIEW recipients may **be eligible to receive Medicaid**. Transitional services may be provided to either or both of the TANF-UP parents, provided one of them participated in VIEW at TANF case closure.

SUBJECT	SECTION/PAGE(S)
Income Tax Refunds	305.4, p. 23
Income Eligibility Verification System (IEVS)	402.1
IEVS Reports	201.8, p. 1b
Income vs. Expenses	401.2, p. 2e
Information to be Given Client	401.6, p. 11-13; Appendix I to 600
Inheritances See Lump Sum Payments	
Inquiry for Information	401.1, p. 1
Intentional Program Violation (IPV)	102.1, p. 1-3; 102.5, p. 3a
IPV Disqualification Penalties	102.3, p. 2
IPV VIEW Improper Payments	503.1, p. 1; 503.7, p. 2c
IPV Forms	102.2, p. 2
Interest Income	305.4, p. 24a; Procedures VII, p. 10
Interim Reporting	401.3 H - J
Interviews	
Face-to-Face (Redetermination)	401.3, p. 4
Intake	401.2, p. 1-1a
Job Corps	305.4, p. 23
Job - Secured Employment	See Changes - Income; 305.1, p. 9-10
Joint Processing Temporary Assistance and Food Stamps (TANF & FS)	See Single Interview; 401.1, p. 1a
Legal Base	100.1, p. 1
Legally Responsible Persons	302.7, p. 6; 601.3, p. 4-5

**Commonwealth of Virginia
Department of Social Services
Temporary Assistance for Needy Families
Virginia Initiative for Employment Not Welfare (VIEW)**

AGENCY USE ONLY
Case Name
Case Number
Eligibility Worker Number

NOTICE OF INTENTIONAL PROGRAM VIOLATIONS AND PENALTIES

Virginia law requires TANF applicants and recipients to let the local department of social services know of certain changes that might cause a change in his or her assistance. If you withhold information or give false information, you may be prosecuted for perjury, larceny, or welfare fraud. You may be subject to a disqualification hearing. If you are found guilty, you will be ineligible to receive TANF for yourself for six months for the first offense, 12 months for the second offense, and permanently for the third offense.

The following changes must be reported within 10 days of the day they occur, but at the latest, you have until the 10th day of the following month to report the change. If you are not sure whether to report a particular change, please discuss the change with your worker.

1. Change of address.
2. An eligible child leaves your home.
3. Changes that may affect VIEW participation including changes in the need for transportation, child care, or any other supportive services.
4. Income from your household goes over the limit below.

Number of People in your Household	Gross Income Limits			
	Monthly	Weekly	Every 2 weeks	Twice a month
1	\$1,037	\$241.16	\$ 482.32	\$ 518.50
2	1,390	323.25	646.51	695.00
3	1,744	405.58	811.16	872.00
4	2,097	487.67	975.34	1,048.50
5	2,450	569.76	1,139.53	1,225.00
6	2,803	651.86	1,303.72	1,401.50
7	3,156	733.95	1,467.90	1,578.00
8	3,509	816.04	1,632.09	1,754.50
For each additional member add	+\$354	+\$82.32	+\$164.65	+\$177

These amounts are good through 9/30/06.

I have read this notice and understand my responsibility to report the above changes by the 10th day of the month following the change.

Applicant/Client Signature _____ Date _____

Worker Signature _____ Date _____

NOTICE OF INTENTIONAL PROGRAM VIOLATIONS AND PENALTIES

FORM NUMBER – 032-03-646

PURPOSE OF FORM – The purpose of the form is to advise the client of Intentional Program Violations (IPV) and the penalties. It also informs the client of the TANF and VIEW changes that must be reported.

USE OF FORM – The form advises the client of the types of information that must be reported, and the IPV penalties that may be imposed, and the time period of the penalties.

NUMBER OF COPIES – Two.

DISPOSITION OF THE FORM – The eligibility worker will explain the notice to the applicant when processing a TANF application. The eligibility worker and client will sign the form and date it. The original is filed in the TANF record and a copy is given to the client.

When the client comes in for a VIEW initial assessment the VIEW worker will explain the form. The worker and client must sign the form and date it. The original is given to the client and a copy is filed in the VIEW folder.

INSTRUCTIONS FOR PREPARATION OF FORM – Explain the information on the form to the client. The client and the worker are to sign the form and date it.